

CLUSTERS IN MINNESOTA

A SOURCEBOOK

In February of 1982 - as a part of the Association of Residences for the Retarded in Minnesota's (ARRM's) residential change projects funded by the McKnight Foundation - an in-depth exploration of residential living alternatives in Minnesota was undertaken. The search was extensive. The information obtained was useful. But the most significant realization came at the end. The extensive search wasn't necessary. All we really had to do was open the door and look across the street at a neighbor's house, at the duplex in the next block. We did - and what resulted was Clusters.

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I. INTRODUCTION

It has become increasingly apparent that there is the need for a system of services which is receptive to and capable of supporting more individualized alternative residential models over the longer term. In the last decade, Minnesota has been a leader in the development of a residential service system that uses community based intermediate care facilities for the mentally retarded (ICFs/MR). In January of 1984, there were 332 such facilities ranging from over 100 group homes for six or less to a few facilities that house over 100 residents. The concept of community based care has been a strong one. Minnesota has had one of the highest number of out-of-home placements in community-based ICF/MR facilities in the nation. Providers have taken pride in designing facilities and implementing programs that are innovative and integrating.

Over the last few years, the move toward more individualized residential programming has accelerated. Providers have recognized that the residents living in community-based facilities have grown more capable of moving to less restrictive and more individually drawn settings.

Experiences in other states such as Michigan, Kentucky and Pennsylvania have indicated that even very profoundly retarded and/or severely physically involved persons can live in the community. Forty-four states have applied for a Title XIX waiver that would improve the funding bases for creation of new home and community based alternatives. Minnesota was the 44th to apply.

The stage is set for creation of alternative residential models that go beyond Minnesota's early innovation. Providers are ready to respond to these changes. Many have begun to design or are implementing programs that offer more individualized community-based care.

This sourcebook, and its accompanying videotape, were developed to specifically assist residential service providers in considering one particular alternative residential model, the cluster.

Clusters were originally developed at Encor in Nebraska and further expanded by the Cabinet for Human Resources in Frankfort, Kentucky. The originator of cluster thinking is Dr. Edward Skarnulis, currently the -Director of Mental. Retardation Services for the State of Texas.

The cluster is a concept that works on behalf of provider and client. It is an idea that fits with the already existing system. And, as evidenced by mature clusters in other parts of the country, it is an approach that works.

The following pages outline The Cluster's potential to meet identified client needs in a comprehensive and cost-containing fashion. This sourcebook gives a provider or potential provider complete information about the use of the cluster model. Information is not presented as a how-to manual, but instead, as groundwork for a Minnesota modification of cluster approaches. The use of a 3-ring binder assures additions and eliminations. Updating of the appendix will be on-going.

Residential clusters are small, generic residential settings that are sponsored by an established service provider. Cluster units can be a single family home, an apartment in a large complex, or a sleeping room. They can be staffed by the couple who own the home, an apartment caretaker, or a visiting nurse. Cluster units are inexpensive and highly appropriate settings for delivering services to a wide range of clients.

The Cluster is defined as a basic organizational unit of residential services providing individualized environments and support for clients. Each cluster consists of a number of residences grouped and organized around a core residence.

Residences within the cluster are unique to the individual needs of the client. Two of the key features are flexibility and diversity; a wide array of residential settings may be included in the cluster. The residential cluster may incorporate homes, apartments, condominiums, etc., whatever the residence that is determined to be the most appropriate and least restrictive alternative.

The real beauty of the cluster is the mix it promotes; it links specialized services with generic services. This provides the client with more broadly varied and, at the same time, more individualized program options. The result is less duplication, of services, less repetition of activities and more real and perceived support.

As clusters develop and mature, it is anticipated that the combination of more flexible and more individualized service delivery will be a model for the entire service delivery system.

II. EXPLANATION OF THE "CLUSTER APPROACH"

The cluster can be viewed from one of four perspectives. Providers in Minnesota will want to carefully consider all of these perspectives in making the decision to use cluster ideas.

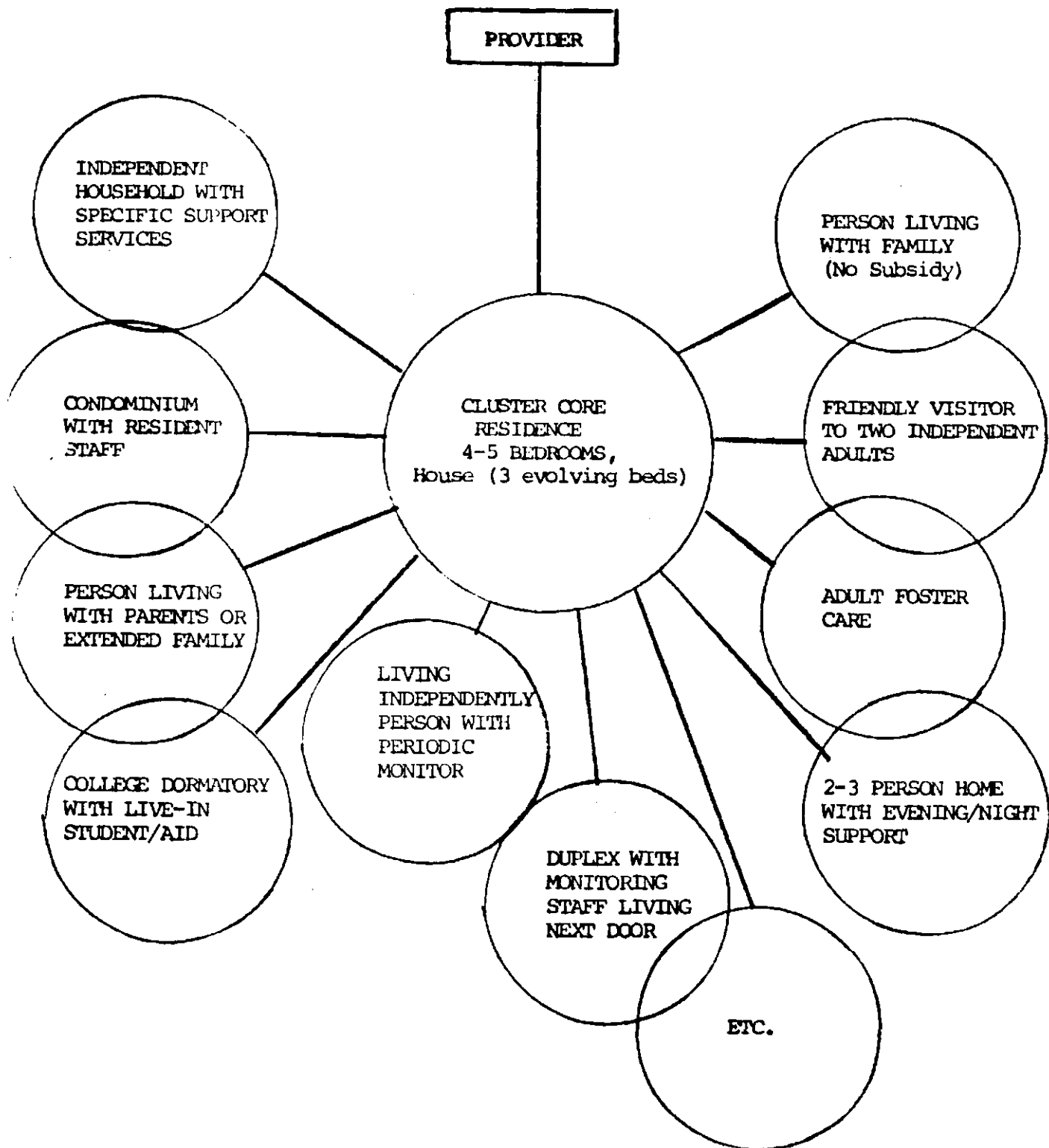
A. The Cluster as an alternative residential living model

A cluster is a system of services consisting of one core unit, several alternative living units (administratively attached to the core unit) and in-home support services. The cluster may serve no more than 40 individual clients at any given time.

The core - the "heart" of the cluster - consists of a residence and staff performing five major functions: client assessments, project administration, support, emergency backup and respite care.

As depicted in the diagram on P._____, the cluster incorporates residential alternatives that are as varied as each of its prospective residents. An Alternative Living Area (ALA) is created for each individual in the cluster. Each ALA is specifically suited to his/her personal needs and priorities.

THE CLUSTER CONCEPT



B. The Cluster as a management model

The cluster approach can also be seen as a management model.

It is (1) a method for providers to use in managing a diverse client population (2) a method for providers to use in converting from ICF/MR to waived service delivery.

Managing a diverse client population. The cluster approach insures comprehensive understanding of the person awaiting community placement. It provides an environment that reality-tests the recommendations of the screening team and individualizes the plan of care.

The core residence and its surrounding ALAs form a network of resources for one another. The network is an integrated and integral part of the community in which it exists - insuring that clients and staff are supported fully.

Managing conversion. In a time of transition, the cluster concept offers providers an opportunity to be proactive in creating the new services delivery system. As a management model, the cluster concept encourages an already established provider to re-define and expand services without large capital investment. It is a management model that fits nicely into the Title XIX Home and Community Based Waiver.

In times when providers and policymakers have been accused of having little vision and few universally understood goals, the cluster concept offers common sense principles that give definition and direction to service delivery that is responsive to both the client and to the established community.

Principles on which the cluster is based

- Once placed in the community, no one will return to the institution.
- ALAs will in no way displace or interfere with community-based services already available to other persons with mental retardation.
- There will be evidence of linkage with other community agencies for the provision of support services.
- ALA staff will be recruited based on their ability to meet the unique needs of individual residents.

C. Clusters as a developmental program

The individualized nature of the cluster approach makes it a highly developmental program model. The matrix on page provides a graphic display of the clusters potential to sponsor optimal development for the residents.

Level of intrusion - Each resident of the cluster has a personally matched living situation. Intrusion by staff persons or fellow residents is, therefore, minimized.

DEVELOPMENTAL FACTORS IN RESIDENTIAL LIVING

	Level of Intrusion	Degree of Power	Degree of Flexibility	Opportunity for Choice	Control over:				Roles	Characteristic of Relationship	Side effect (Incidental Learning)	Growth and Development	Outcomes
					Goals	Process	Evaluation	Consequences					
People Centered (Person/Person) Eg. cluster	Normal to Low	Personal Power High	High	High	Mutual	Mutual	Mutual	Mutual	Friend, Peer, Colleague, Fellow Life Traveler	Active Equitable Reciprocal	Connectedness High self esteem	High	Maximality Equity Relationship
Client Centered (Helper/Client) g. Group home	Low	Client has power over goals, helper has power over process	Moderate to High	High but roles are prescribed	Client	Helper	Can go both ways mainly client evaluates helper	Natural	Helper/Helped	Active Positive regard for Client Open communication	Trust	Moderate to High	Reduced Dependency
Teacher Centered (Teacher/Learner) Eg. OAC	Moderate to High	Teacher has high degree of "power over"	Moderate	High for teacher, limited for learner	Teacher	Teacher	Can go both ways usually Teacher evaluates learner	Can go both ways usually Teacher imposed	Teacher/Student	Usually passive Receiver may be active	Lack of validating	Moderate	Behavioral Conformity
Correction Centered Eg. Institution	High	"Power over" held exclusively by corrector	Low	High for corrector, low for person being corrected	Corrector	Corrector	Corrector is evaluator	Connected by corrector	Corrector/ person to be changed	Controlling Passive compliance or rebellion	Obedience	Minimal	Subservience
Caretaker Centered (Caretaker/ Object) Eg. Hospital	Not applicable to maximum	"Power over" held exclusively by caretaker	None	None	Caretaker	Caretaker	Caretaker is the evaluator	Avoid consequences	Protector/ Protected	Lack of feedback Secretive tone Individual runs situation for others	Total passivity High dependence No identity	Minimal	Complete dependency

Degree of power - The alternative living area is individually created in response to the potential resident's needs and priorities. Therefore, perceived and real personal power is high.

Degree of flexibility - The existence of in-built-respite, i.e., return to the core, combined with the opportunity for easily modifying a living environment by altering staff patterns, contractually, makes the degree of flexibility in the cluster high.

Opportunity for choice - There are no pre-arranged ALAs. The living situation is developed for, with and by the client.

Control - Client and staff have shared responsibility for identifying and achieving goals that are mutually acceptable.

Roles/relationship - The resident of a cluster quickly loses the flavor of "client" and becomes a peer and a colleague. The relationship is active and reciprocal. The matrix on page identifies the developmental aspect of the cluster as it compares to other residential living situations.

A cluster as a supportive living arrangement (SLA)

Supportive living arrangements (SLAs) as defined in the Title XIX Home and Community Based Care Waiver are "The provision of habilitation services to mentally retarded children and adolescents who have severe developmental problems, mental conditions, behavior or emotional

problems, and/or physical defects which result in a family's inability to maintain them in their home." SIAs specifically created for adults should "offer habilitation services to mentally retarded adults who require up to and including 24-hour supervision, assistance or training due to their lack of adequate self-care skills, medical conditions, behavior or emotional problems and/or physical defects."

SIAs were originally conceived as model living arrangements that avoided the heavy investment in bricks and mortar. SLAs were defined by DPW policymakers as a living situation that encouraged the placement of individuals who were handicapped in the natural proportion to which these persons are found in the community. The Kentucky cluster approach was identified in one of the early writings on SLAs as one "excellent example" of such a waived service model.

III. KEY FEATURE OF THE CLUSTER APPROACH

A. Flexibility

Residences within the cluster are uniquely flexible. Each alternative living area reflects the most individually appropriate and least restrictive environment for that particular person. Possible cluster arrangements include:

- Two severely retarded middle-aged men (friends within the institution for more than 20 years) share half of a two-bedroom duplex. Periodic means and "neighborly assistance" are provided by the family in the other duplex using a contracted \$50 per week fee-for-services mechanism. A core assistant provides weekly check-in.
- A 25-year-old man with Down's Syndrome lives in the home of his newly married cousin and her husband. A basement bedroom allows them - and him - privacy. Meals are taken together and assistance provided with money management and personal care, monitoring. The core assistant does regular check-ins and the first of each month is identified as "respite return to the core." All costs are covered under SSI with a contracted rental arrangement that is overseen by core staff.
- A 30-year-old profoundly retarded woman who is wheelchair bound is placed with a single retired public health nurse. The nurse provides one-on-one care under a contract that guarantees an as-needed respite option.

O Two severely retarded and medically fragile men rent a two-bedroom apartment. Two college students living in a nearby dormitory share the responsibility for evening and overnight supervision. One student arrives at the home when the day program ends in the late afternoon and leaves with the residents in the early morning. Crisis intervention and backup are provided by the core. The students attend monthly meetings - as do all satellite staff - at the core.

B. Responsiveness

The cluster respects behavioral differences - and the fact that moods alter and daily life patterns change. The fluid nature of the core residence and its built in provision of a scheduled or emergency respite means a resident can easily take his/her "timeout" or time away and do so without disrupting the daily activities of others. The responsiveness of the cluster means that a living situation adapts to developmental changes "naturally" without unnecessary bureaucracy. The level of support can fluctuate - lessening gradually as independence grows.

Examples of the degree of responsiveness existent in a cluster include:

A thirty year old mentally retarded man has lived in a rural ALA for two years. He is placed in serai-competitive employment in the inner city. Networking among core residences means a living situation very similar to his original suburban duplex is identified. During a transitional period the same staff support person who lived next to the client for the preceding two years works with him/her in the new residence.

A fifty-four year old woman's diabetic condition abruptly worsens. She is returned to the core residence where round-the-clock monitoring exists. Her medical situation is stabilized under the supervision of a neighborhood clinic and a more intensively staffed ALA is identified. A return to the institution (or placement in a nursing home) is never considered necessary... or at all.

C. Cost effectiveness

The cluster approach makes use of already existing resources - therefore eliminating the need for substantial capital investment. The core residence can be a converted (de-certified) group home or a 4-bedroom rental unit. Examples of an alternative living area can include a family home or a college dormitory.

Full application of the client's social security income is made to monthly housing costs. Instead of the \$_____personal needs allowance received in the more traditional group home - the client gets a check for \$_____(maximum). An appropriate percentage is applied to housing costs with the remainder becoming available for food and personal needs costs.

Housing and daily maintenance costs become the same kind of consideration for the ALA resident that they are for each of us. Budgeting and good money management are carefully worked out for each resident during the evaluation state and a strong element in program planning.

Other support services are provided according to client needs. As a service need is identified, a performance contract is drawn with each needed person. For example, the contract for a staff person residing full-time in a three bedroom house with two moderately mentally retarded (and physically handicapped) residents might reflect daily physical therapy assistance and personal care servicing. The staff person would be paid under the terms of his/her contract but would also be expected to share his/her third of the living expenses.

D. "Normalizing"

Normalization does not mean to make normal. According to Edward Skarnulis, developer of the Cluster Concept, normalization does mean "making available the opportunities for adequate living situations enjoyed by most average citizens." It also means "going to bed at the same time as others, wearing the same kind of clothes and mingling with the rest of the community." As stated by Skarnulis in a June, 1983 article in Impact, a publication of the Texas Department of MH and MR VO/XIII No. 1):

Each of us has heard the statement: "Mentally retarded people should be with their own kind." The fact is, we are their own kind.

Cluster emphasizes the use of the natural home and natural supports. Clusters assume that the individual can and should become part of the community - integrated into its daily workings.

IV. BUILDING A CLUSTER

A. Developing the plan

Once a provider or a potential provider has become acquainted with the cluster approach and elects to use it, there is a decision to be made regarding taking a proactive or reactive position.

Every provider will be operating within the framework of one of Minnesota's 87 counties. A county-specific plan of action requires that the provider either (1) approach the county with cluster ideas and educate commissioners and others to the workability of the concept (proactive) or (2) respond to a request for proposal let by a particular county using cluster or modified-cluster concepts (reactive).

In all cases, strong knowledge about the county and its priorities is essential, whether the provider takes a proactive or reactive stance, identifying a "capture strategy" that "markets" clusters using the features discussed in Section III is suggested.

(ARRM will make available videotapes with accompanying discussion packets to assist providers in public education and marketing of the cluster concept (see Appendix).

Examples of cluster plans are included in the Appendix. Basic information on proposal writing and proposal organization is also contained in the Appendix.

In developing a cluster plan the provider must adopt a marketplace perspective.

From the standpoint of the marketplace, providers do not have needs - they, instead, have opportunities to offer. They provide solutions.

How does marketing work?

The process of marketing the cluster model can be broken down into at least seven major steps.

1. Listen to the county's voice: The most important single step you can take is to ask people what they think and what they want. This need not be a formal market survey, although it should be done in a systematic fashion. Simply putting the right questions to a local social services agency or a county boardperson can generate a wealth of valuable input.
2. Segment your market: You can learn something about your services' potential market by looking at its existing constituency. Who already supports the concept and why? What do they need? What other groups might be interested in the cluster idea? What can you offer them? The market can be broken down into identifiable and manageable parts according to the interests, desires, and preferences of each sub-group.

3. Position your service relative to others: What are the cluster's distinctive possibilities? What works exceptionally well that matters to your county? Your program is in competition not only with others in its own field, but with any other programs seeking dollars from the same service.
4. Write a marketing plan: Based on the first four steps, commit yourself in writing to a strategic plan of action.
5. Communicate the special opportunity your program presents in terms that matter to the target groups.
6. Finally, use the technology of marketing to show your constituency why it's in their best interest to support your program. Develop a set of tools designed for the use of the people who will make your program a success.

The appendix (p._____) contains an article on marketing.

("Marketing non-profits" by James Gregory Lord) that providers may find useful. Further resource information about human service marketing can be found in Marketing for Public and Non-Profit Managers by Christopher H. Lovelock and Charles B. Weinberg. (John Wiley and Sons, N.Y., 1984)

B. Standards and licensing

Clusters are developed as waived service programs and governed by the rules and regulations of the Title XIX Home and Community Based Waiver.

Potential residents of a cluster are Medicaid eligible persons who:

1. Are currently receiving the level of care provided in an ICF/MR and for whom home and community-based services are determined to be an appropriate alternative, or
2. Would otherwise require the level of care provided in an ICF/MR in the absence of home and community-based services.

The Department of Public Welfare (DPW) identifies itself as "The single state agency responsible for the Medical Assistance Program in Minnesota." On a state level, the Bureau of Income Maintenance and the Division of Mental Retardation within the Department have joint responsibility for administration. On a local level, each of the 87 counties has responsibility for determining income and service eligibility of clients, program development and monitoring, case management and contracting for services.

As the body responsible for rule and policy development, DPW's rulemaking activity (Rule 41), is cataloged and updated in the Appendix (see page).

It is hoped the standards outlined for cluster development in this sourcebook can serve as a model for DPW's development of residential service and independent living standards.

Cluster standards have been constituted using materials present in the Commission on Accreditation of Rehabilitation Facilities 1984 Standards Manual.

The standards outlined on these pages are offered as a service design for counties and providers.

Standard 1. A dedication to maximizing the capacity of individuals to live independently in their community. Service provided should

be according to an individual plan. The plan should include:

- A description of the needs of the person;
- The time-phased and measurable short-term and long-term goals and objectives;
- The methods to achieve the goals and objectives;
- The assignment of responsibilities for implementation;
- The method which will be used to assess accomplishment of the objectives;
- The method which will be used to coordinate and integrate the residential services with the family and other family and community services; and
- Provisions for at least semiannual review of the person's plan for services, goals and progress toward goals. The review should be conducted by appropriate staff members; where changes have been made in plans, goals, etc., there should be evidence of subsequent implementation.

Standard 2. The core manager and/or the sponsoring provider insure that the following services are available. Each person served may not need training in every identified service area but training in an area should exist and be accessible to each resident who needs it. The services include, but are not limited to, improving:

- Housekeeping and home/apartment maintenance skills;
- Mobility and community transportation skills;
- Health maintenance (e.g., personal hygiene, nutrition and diet management, community medical service interactions, and medicine);
- Safety practices, including dealing with emergencies that may cause injury or be life threatening;
- Financial management, including techniques of consumer purchasing, loans, taxes, budgeting, repaying debts;
- Recreational activities and leisure time management;
- Utilization of other community services and resources (e.g., laundromats, library, post office, consumer affairs office, etc.);
- Basic self-care activities (e.g., eating, bathing, toileting, dressing, grooming, etc.);
- Consumer affairs and rights (e.g., familiarity with warranties, policies and procedures of governmental and community service agencies).

Standard 2. Provision is made for residents to use skills acquired through training in their activities in the community and/or in the residence.

Standard 4. The core manager and/or the responsible staff person ensures written description of resident's rights and responsibilities is provided and explained to each person and/or a parent or guardian. Residents have decision-making responsibility and freedom of choice unless contraindicated and documented in the individual's program plan. Such rights shall include, but are not limited to, the right to:

- Accept or refuse treatment;
- Manage one's own fiscal affairs;
- Participate in program planning;
- Purchase property;
- Choose and wear one's own clothes;
- Communicate and associate with persons of one's own choice;
- Make and receive confidential telephone calls;
- Have unrestricted mailing privileges;
- Practice one's faith or religion;
- Register to vote;
- Offer complaints to the facility;
- Have freedom of movement inside and outside of facility; and
- Decline to participate in research.

Section 5. There is a procedure by which those served may appeal the decision of a staff person. The procedure specifies:

- Levels of review;
- Time frames for decision-making;
- Written notification procedures; and
- The rights and responsibilities of each party.

Standard 6. Meetings of those served and management are held regularly during the year for the purpose of discussing matters of mutual concern. Among the purposes of these meetings are the following:

- To inform those served concerning those aspects of program operations and plans which bear upon their welfare;
- To enlist informed cooperation to achieve efficient use of resources of the program in the best interests of those served; and
- To receive suggestions from those served and to answer their questions.

Standard 7. Information regarding each person served should be accessible at all times, or be retained in the core residence:

- Permanent address, if other than the residence;
- Name, address and telephone number of next of kin;
- Name, address and telephone number of the representative payee, conservator, guardian and/or personal representative, if any has been appointed;
- Designation of primary care physician;
- Hospital preferred;
- Allergies;
- Current medications including prescribing physician, administration times and dosage;
- Essential medical information including diagnosis(es) and current notes of medical and psychological significance;
- Authorization for emergency treatment;
- Medical card or insurance information regarding reimbursement for emergency services;

- Identification of the individual's overall service plan;
- Statements regarding the progress of the individual toward achieving residential program objectives;
- Any limitations on the individual's mobility in the community;
- Contact information, such as telephone numbers for day program activities, transportation services, etc.;
- A schedule of daily activities;
- Social Security number;
- Date of entry in the basic program; and
- Primary language used and understood.

Standard 8. The following services are available, although they need not be provided each person served:

- Advocacy services, which address any or all of the following:
 1. Personal advocacy - one to one advocacy to secure the rights of the disabled individual;
 2. Systems advocacy - seeking to change a policy or practice which affects persons with disabilities;
 3. Legislative advocacy as permitted by law; and
 4. Legal advocacy.
- Information and referral for community resources and for equipment;
- Outreach or casefinding services;
- Peer role modeling and demonstration; and
- Maintenance of listings, referrals, certifications, and/or provision of housing.

C. Creation of cluster settings

1. The "physical plant" - The Cluster is composed of a core residence that is, most typically, a 4-5 bedroom house. The core should be acceptably located in a residential area with ready access to bus lines and shopping centers. The core should be architecturally barrier free. The Title XIX Waiver allows "minor physical adaptations". An average of \$3,000 (with annual inflationary increases) per eligible individual will be reimbursed.

The interior design of the residence is dictated only by a basic preference for space, light and good ventilation. There should be enough room for large groups of 8-10 to gather for a meal. There should be space for the core manager to set up a desk, phone and file cabinet. There are few other criteria.

2. The alternative living areas (ALAs) - A mature cluster has 20-40 ALAs radiating out of each core residence. The ALA location, type of residence, etc., are uniquely designed and established for each individual. Under this philosophy, it would be extremely unusual for any alternative residence to be exactly the same - just as no two people are exactly the same.

An ALA is not a specific living arrangement but a multitude of possibilities limited only by the creativity of core staff and manager. The ALA can exist in any architectural environment and is designed to meet the specific needs of the client in the most normalizing manner.

The Appendix contains a format for planning ALA development that should be used as a checklist in specifying the most appropriate alternative residence (page). It assists the provider and his/her staff in being alert to all aspects of ALA development. It offers reminders about under-considered elements in the physical setting.

Preferably, all ALAs are within 30-40 minutes drive of the core residence. This insures that the staff can easily meet bi-weekly for evaluation and monitoring sessions.

Key to ALA creation are the needs and desires of a particular client:

Example: Harold T. had lived in an institution for 44 years. For much of the last ten, he talked a lot about "getting out" and living in "a pink house with flowers." Finding him a pink stucco apartment with the window box was just as important as meeting his physical therapy needs and insuring that the restrictions to his diet were observed.

D. Organization and Administration of a Cluster

The matrix found on the next page provides an overview of the four types of alternative living areas. The organization and administration of a cluster can include any or all of these. Special note must be given to the need to balance the greater program costs associated with a structured household ALA as compared to an independent household.

Periodic Monitor - Staff is in regular contact with the client and provides specific support and assistance in prearranged areas.

Independent Household - Client and staff has independent schedules with assurance of overnight presence of staff person(s) in the household.

Shared Household - Staff and client(s) share living arrangements; staff also provide skill development assistance and specific support services.

Structured Household - Client is dependent on staff for all primary care. Staff and client may or may not share the residence.

ALTERNATIVE LIVING AREAS -- OPTIONS

	Role description	Expected schedule	Requirements of the primary caregiver	Daily average time requirement	Support services	Examples
Periodic Monitor	Staff in regular contact with client; provides specific support and assistance in prearranged areas	No part of the day is necessarily routinely spent together	Development of a compatible routine/ reachable by phone 24 hours/day	Weekly check-in exception check - staff is required to respond to preceived change		Staff lives in adjoining duplex or same apartment complex
Independent Household	Client and staff have independent schedules with assurance of overnight presence of staff in household	Mutually arranged schedules	Modelling-staff is expected to demonstrate or prompt appropriate behavior	Overnight presence required, evening presence as possible	Readily available	Family or foster home College roommate Shared house/coop.
Shared Household	Staff/client share living arrangements; staff also provides skill development assistance and specific support services	Client and staff each have own schedule but share a set of daily routines	Staff must vary routines according to special needs of client and/or actions of clients	3:00 p.m. to 8:00 a.m. presence required	Scheduled respite	Family or foster home ICF/MR Shared house/coop.
Structured Household	Client is dependent on staff for all primary care; staff and client may or may not share residence	Staff is expected to carry out virtually all dialy routines and adapt routines on a short-term basis to assure client well being	Hands-on assistance staff is expected to manually assist client in carrying out/or more normal routines and/or coordinate the involvement of other staff for these purposes	24 hour total care coverage required	Scheduled respite	Traditional foster care ICF/MR Apartment or house with revolving staff

1. The Core Residence - The core residence is the "heart" of the cluster. It is the administrative center of the cluster approach. Those who staff the core residences have five areas of approach.
 - a. Supervision/Management - The core manager is the only staff person who is housed (officed) in the core and spends his/her work week in the residence. The core manager has responsibility for management of all ALAs that radiate out of the core. He/she supervises all staff involved and is the primary contact person for the county case manager. A performance-based contract is negotiated that allows the core manager to assume all or a majority of the case management responsibilities. Information on such performance based contracting is contained in the appendix (p.).
 - b. Assessment - The core residence serves an assessment function for each potential resident of the cluster. Individuals coming from an institution, a community-based ICF/MR or their own homes are initially placed in the core residence. They reside there for one to three months. During that time they receive an individualized evaluation of their skills and their potentials. Previous psychometric and related information is utilized and/or updated as necessary. However, the actual "evaluation" is an intensive one-to-one observational assessment. A staff person or persons is assigned to work and live with the new resident in a very participatory fashion.

Based on participant observation and the client's identified needs and desires an "ideal" living situation is specified.

Example: Tammy K is a 34 year old black woman who is severely retarded. She is very religious. Her basic skills are poor. She has periodic temper outbursts that have resulted in property damage. A three month assessment in the core residence identified that her temper outbursts cooresponded to her menstrual cycle. Control was instituted through situational awareness and a modified diet. A shared household placement was identified with a female black Baptist minister and her two adolescent children. Tammy and another severely retarded woman shared a large bedroom and bath in the family home. Specific assistance and instruction in self care and basic skills were provided by the minister and her 17 year old daughter.

The assessment that takes place in the core involves a "real/ideal" approach. The following factors are taken into consideration in evaluating the client, the prospective staff and the prospective residents.

Client - family, friends, attachments, length of past residences, services required, requested personal and social priorities; medical, physical factors.

Prospective staff - Fulltime equivalent needs, personal match (weight, age, sex), commitment to the effort.

Prospective residence - geographic location, personnel match, size, proximaty to day/work program, core residence, architectural barriers.

- c. Support Services - The core residence acts as the coordinating mechanism for all support services provided in the individually designed living arrangements. Support service needs are identified during the evaluation. These needed services become a part of the individual program plan. A performance contract is developed with ALA staff person(s) and/or a member of the household in which the resident will live. The contract clearly outlines the expected service and the amount of reimbursement (see appendix).

Example: Lynn D. needs two hours a week of physical therapy. After being trained by the community hospital's staff P.T., Lynn's college student roommate, provides the therapy and is receiving per hour compensation according to waived service regulations.

Support service needs are re-evaluated quarterly at one of the bi-weekly meetings held for staff in the core residence. A gradual decrease in support services needed or used by a particular resident and the cluster population as a whole is an outcome sought through cluster living.

- d. Respite - The core residence's provision of respite on a (1) scheduled, (2) emergency, or (3) crisis basis is a key element in the cluster's lack of "failures", e.g., return to the institution.

Scheduled respite - each resident of the cluster maintains a respite schedule with the core. This can mean a one night "return to the core" every other Friday or a weekend in the core every six weeks. Each individual's use of scheduled respite in the core residence is built into the program plan, oftentimes it becomes part of the contract negotiated with the staff or the household.

Emergency back-up respite - a resident's ALA situation can develop unexpected problems; an emergency return to the core residence may prove necessary.

Example: Barry T's "structured household" ALA involved his having a room in the home of his sister and her husband. When the couple divorced unexpectedly, a one month return to the core residence while a new living situation was developed for him was necessary - and possible.

Crisis respite - Extended use of the core residence's respite capabilities can be provided to individuals not residing in the cluster. This means the core can be available to individuals residing in their own home or another ICF/MR. Note: "Crisis" respite for non-cluster residents can also be provided on a scheduled basis.

It is important to recognize that "in-home" respite using clusters staff can also be arranged. As the cluster's priorities allow - it can also be provided to individuals residing in their family homes.

- e. Monitoring - Monitoring of the cluster occurs informally through bi-weekly staff meetings and case record review. Formally, it exists at two levels: (1) internal and (2) external.

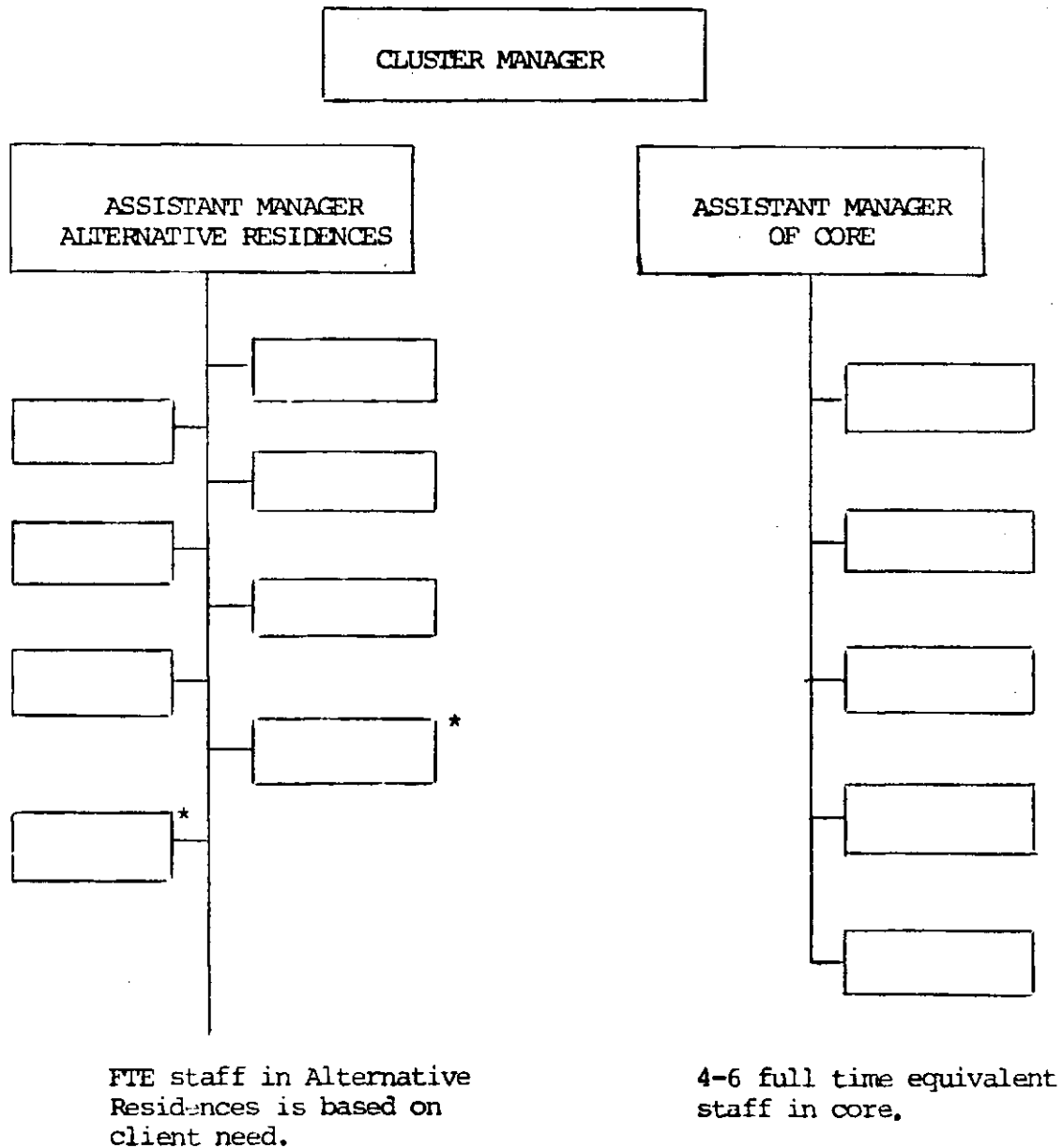
Internal Monitoring - Performance based contracts exist for each ALA staff person and each household. Rather than have the contractors report on the nature and magnitude of their activities, the contracts are monitored according to the effectiveness of the contracted program. The measure of improvement is the degree of lessened support service.

Examples: Elise W. lives in a "shared household" cluster. A staff person contracted for five hours a week of independent living/training in 1984. The goal for 1984 is reduction of training needs to three hours per week.

External Monitoring - The same type of outcome oriented monitoring occurs externally, i.e., by the county social service department. Cluster performance is assessed in relation to service delivery and expenditures; and it includes interviews with program recipients to assess their level of satisfaction. A point system uses these criteria to assign an overall performance rating (see appendix). Section VII C. of this sourcebook addresses external monitoring, i.e., outcome, evaluations of cluster services (p.). The evaluation system outlined was developed by an independent outside consultant in order to test the early impact of cluster approaches on the Minnesota system.

E. Selecting staff

The required staffing pattern for a nature cluster includes the cluster manager, an ALA assistant manager and an assistant manager for the core.



* Optional according to size and maturity of cluster.

Identification of cluster staff persons involves specifying a "match" with a particular client's needs and preferences. Basic to specifying any personnel relationship is (1) familiarity/knowledge of mental retardation, (2) indication of human service intentionality, (3) willingness to make a commitment to the performance indicators established in the individual program plan.

Management staff of the core residence are required to make a full-time commitment to their cluster responsibilities. A position description for each of the three key actors can be found in the appendix. It emphasizes their planning and monitoring responsibilities. ALA staff are rarely on full-time status. Their responsibilities are specific to the individual and the situation.

Core staff are selected according to the following criteria:

Documented training or experience in working with persons who are physically and/or mentally handicapped.

(E.g., letters of reference specifying previous training or experience.)

- o Observable comfort in one to one dealings with persons who are mentally retarded. (E.g., interactions observed by his/her spending an afternoon in the facility.)

1. Recruitment of appropriate ALA staff and households.

Recruiting staff involves traditional and non-traditional approaches. These include:

- Advertising - classified and display
- Newspaper/newsletter articles
- Radio and television, promotional spots, public service announcements.
- Community presentations
- Educational/informational booths
- Contact with current foster families
- Distribution of posters, fliers
- Contact with community service agencies
- Program bumper stickers

A complete breakdown of these methods of recruitment generated by Macombe-Oakland Regional Center (MORC) exists in the appendix (p.).

2. Responsibilities of cluster staff

Once cluster staff person has been specified, a contractual agreement is drawn up between the cluster provider and the staff person and/or household. The following lists basic responsibilities to be reflected in this agreement.

CORE STAFF:

- The cluster assistant manager has primary responsibility for the placed individual's health care - they should locate medical services in the community and arrange routine medical and dental appointments. Medical costs will be covered by Medicaid insurance. In case of sickness or accident to the placed individual, the core manager must give immediate notice to the assigned county social worker.
- The case manager or his/her contracted representative will visit the home at least monthly.

ALA STAFF:

- The license and contract for an ALA household is contingent upon maintaining physical conditions approved at the time of licensing; any change of location or conditions will necessitate a redetermination of eligibility.
- There will be a fire inspection made annually after licensing.
- An individual with developmental disabilities is placed in the home with the expectation of remaining there until it is deemed advisable that some other arrangement is more suitable to his or her needs. A family is asked to commit themselves to the program for at least one year, however, they are not asked to sign a statement of this effect.

- The core staff will be required to complete monthly reports concerning the progress and needs of the placed individual. Auditable records with documents, receipts, and record of disbursements on the personal allowance paid to each client must be maintained. All records must be kept confidential.

ALA staff are selected with the identified criteria as a guideline. It is possible that they will not have documented training or experience in working with persons who are mentally or physically handicapped. When this is the case, a period of paired association with experienced cluster staff is recommended.

3. Training

In order to prepare cluster staff for the work they will be doing an orientation/training package should be provided. It is suggested that this be done prior to the contract between the provider and the new staff person is signed.

CORE STAFF

Each core staff person goes through an intensive one week training that incorporates videotape review and full exposure to the Clusters in Minnesota sourcebook and its appendices. If the core manager feels it to be necessary and/or appropriate, newly hired core staff is referred to DPW's 80-hour (10 credit) course on the provision of family-based care (see appendix p.). Similarly as appropriate, the staff person participates in the 6-session family support course sponsored by ARRM in cooperation with Continuing Education in Social Work at the University of Minnesota (see. appendix).

The one week training of core staff is done in the core and at existing ALAs. It includes:

- Overview of clusters/organizational structure
- Normalization and community placement/client-centeredness
- Resident's rights
- Role of case manager
- History of mental retardation/medical concern
- Principles of behavior
- Special education programs/vocational competences
- Working with natural families
- First aid, hiemlich, CPR etc.
- Individual program planning-setting goals, writing behavioral objectives.

Individuals who are staffing ALAs or have an ALA in their home will be given individualized on-site training - in one or several of the following areas. Specific training depends on each individual's physical/medical/behavioral situation.

ALA TRAINING OPTIONS

- Positioning, turning and transferring
- Medications administration
- Introduction to individual program planning
- Assessment/monitoring
- Dealing with severe behavior problems - handling dishonesty and destructive behavior
- Community integration

* Ultimately, using portable computers

- Self care/self management
- Sensory motor
- Social and sexual aspects of life
- Task analysis
- Nutrition, shopping

E. Selecting clients

The flexibility of cluster suggests it can handle a varied client population. It can. Cost effectiveness necessitates, however, that the average per diem correspond with the contracted amount documented in the providers agreement. Therefore, a provider must constantly evaluate the level of services needed by each client. For example:

A forty person cluster would need to have at least ten in-house family support ALAs that require "periodic monitoring" to balance ten ALAs that were "structured households." (see matrix, p.)

Within the range of support service costs allowed under the waiver, the provider will have to operate, organizationally with a balanced number of residents in each of the four ALA options.

It is recognized that specific client selection is, oftentimes, not within the provider's control. Using the parameters presented in the four ALA options, providers can establish a framework for client selection. Using the exception analysis procedure that exists thru ARRM/McKnight (see appendix). Providers can gain a greater understanding of the impact certain types of clients have over time.

V. IDENTIFYING PROGRAM SERVICES

Using the following checklist of support services, cluster managers can individually specify support service needs. This tool becomes a natural planning adjunct to the individual program plan (IPP).

IDENTIFICATION CHECKLIST FOR SUPPORT SERVICES

<u>Support Service</u>	<u>Check if currently available in local area or within cluster</u>	<u>Available from another provider (list provider)</u>	<u>Check if additionally funding is needed for client to receive service</u>
Case Management			
Behavioral Management			
Psychometric Services			
Leisure Time Services			
Occupational Therapy			
Physical Therapy			
Expressive Therapies			
Speech & Hearing Svs.			
Pharmaceutical Svs.			
Social Work Services			
Medical Services			
Dental Services			
Other(s) :			

APPENDIX

METHODS OF RECRUITMENT

The following recruitment methods have been tried by the Macomb-Oakland Regional Center (MORC) in Michigan. They are not to be seen as the only methods that work in recruitment of alternative living area personnel. The success and failure of any method is dependent upon the individual community and target population of the program.

The most common recruitment methods are:

1. Advertising-Classified and Display
2. Newspaper Articles
3. Radio and Television
4. Community Presentations
5. Educational/Informational Booths
6. Contact with Current Foster Families
7. Articles in Bulletins and Newsletters
8. Distribution of Posters and Fliers
9. Public Service Announcements - Television and Radio
10. Contact with Community service Agencies
11. Program Bumper Sticker

For each method, a description of the method and the materials and tools used as well as the particular advantages and disadvantages are given.

1. ADVERTISING Classified Ads

Method

Classified ads can be placed in the Help Wanted sections of the local daily and weekly newspapers. At MORC, an average of two to three ads per week is placed in a total of 25 daily and weekly newspapers.

Materials/Tools

The ads can be written in a number of different ways. Some ads may emphasize the personal rewards of the program, while others may focus on the financial rewards without specifying the program as foster care. The volume of responses differ according to the type of information given in the ad.

Advantages

This is the most successful and expedient recruitment method to use. It generates many telephone inquiries, especially when an ad is run that says little about foster care, but highlights the amount of money.

Disadvantages

The main disadvantage of the classified ad is that not enough information can be given in an ad. This method may generate many calls; however, much time must be spent on the phone explaining the program to the inquirer in more detail. Only two to five percent of the people who inquire about an ad will decide to apply for the program. Much more care must be given to screen out those people who respond because of financial motivation exclusively, rather than for humanitarian reasons.

Display Ads Method

Display ads can be placed in the body of the newspaper (usually the women's or life-style sections). The space is bought and most newspapers have reduced rates for non-profit organizations.

Materials/Tools

The display ad must be set up and reproduced in advance. The prints are then sent to the papers in which they will be run. At MORC, a commercial artist donated his time and set up three different ads using reproductions of drawings by another who released her drawings for the "cause". These drawings were reduced down to fit the ad.

METHODS OF RECRUITMENT

Advantages

An attractive ad can catch the eyes of many if given good placement in a newspaper. It may also be a better way of advertising in smaller papers that do not have a large classified ad section.

Disadvantages

It is quite costly to place display ads in the newspaper. This display ad can also get lost on a page with many other ads. At MORC, it was found that the number of calls from the display advertising were no greater and in some cases even less than the number of calls generated from classified ads.

2. NEWSPAPER ARTICLES

Method"

Newspapers (both dailies and weeklies) can be approached to do articles on your program. This can be done in several different ways:

1. Sending press releases/ letters to individual editors, suggesting a possible story to them.
2. Sending out news releases in a mass mailing to all the newspapers. The news release may be printed as written by the newspaper or a reporter may ask to come to the agency and do a personal interview in response to the news release.
3. Telephoning individual reporters, especially those with whom you have had previous contact, to suggest a possible story to them.

Different types of stories can be suggested:

- a general description of the program (at MORC, it was found that a direct pitch for more foster parents often generated

more calls than any other type of story)

- coverage of an agency event (e.g., foster family meeting, orientation session for new personnel)
- a feature story on a staff member at the agency involved in the foster home program
- a feature story on an individual situation

When deciding upon the situation to be portrayed in a newspaper article, choose a family who will be articulate, who is enthusiastic about the program, and who is doing an effective job as a foster family. MORC has made it a policy that the social worker assigned to the home should be present for the newspaper interview so as to clarify any misconceptions and to ensure that confidential information is not brought out in the interview.

Advantages

Newspaper articles are a very effective method for purposes of both public education and recruitment. Enough information can be given in a newspaper article so that when people telephone in response to the article, they have a good idea of what the program involves and less explanation needs to be given to them over the phone.

Newspaper articles reach a wide audience and usually generate a large number of phone calls. The percentage of persons who apply after calling is higher than the percentage of those who respond to classified ads.

Disadvantages

When you approach a newspaper reporter and ask him or her to do a story on your program, you are then relinquishing your control over what is written. You may provide the reporter with informational material on the agency and the program and be present when the interview takes place; however, the reporter will ultimately decide on how the story is written. The reporter also may not always agree to include the agency telephone number in the article, which hinders the results of your recruitment effort. In spite of these disadvantages, the end result of a good article is usually worth the risks you take.

METHODS OF RECRUITMENT

3. TELEVISION AND RADIO APPEARANCES

Method

Appearances on television and radio talk shows and news programs are scheduled frequently. The step involved in arranging such appearances are:

1. Get a list of all the radio and television talk show and news programs in the area.
 2. Send letters and informational material to the producers or news directors for each program. It is best to include reasons why your appearance would be interesting to their audience what you would be discussing and who would be appearing on the program.
 3. Follow up your letter with a phone call if you have not received any response within two weeks.
 4. In addition to your specific letter of request to appear on their program, you should continue to send these contact people the news releases that are being periodically written and sent to the newspapers. This will keep them informed of events at the agency and may generate a request for another appearance on their program.
- Whenever possible, have direct care personnel participate in a television or radio interview. This adds the personal experience element to the interview which is more interesting and convincing than a general discussion.

MATERIALS/TOOLS

Some of the actual materials that can be used to aide you in arranging and making an effective radio television appearance are:

1. List of main points you would like to get across in an interview.
2. Outline of possible interview questions that could be provided in advance to the program interviewer and to the person who will be appearing with you.

METHODS OF RECRUITMENT

TELEVISION AND RADIO APPEARANCES CONTINUED

Advantages

The broadcast media reaches a very wide audience. An appearance on a prime time television or radio show can be a very effective way of reaching a larger audience than any other recruitment method could reach.

Disadvantages

Many of the public service programs and talk shows that will give you an opportunity to appear are not broadcasted during prime time hours (e.g., 6:30 a.m., Sundays). They might also be programs on public service stations whose audiences are not large. It is more difficult to get on a show that airs during prime hours because they are concerned with covering topics that will strengthen the interest of the viewing audience and boost ratings. With persistence and a "gimmick", however, it is possible to range an appearance on such shows, sometimes generating controversy will get you on such a show.

The amount of time that the interview covers is usually very short (up to 10 minutes); therefore, not much information can be given in such a short time. Nor do you have complete control over what will be discussed.

4. COMMUNITY PRESENTATIONS

Method

Speaking engagements with visual aids are scheduled with community groups throughout the area. Examples of some of the types of organizations that may be addressed are:

- church groups
- PTA's
- professional organizations (e.g., nurses, teachers)
- civic and service groups (e.g., Kiwanis, Jaycees)
- college classes

The steps that can be followed in setting up such presentations are:

- 1) Obtain a list of the groups in your community. This information may be gotten from many different sources.

- 2) Send form letter to presidents of these groups requesting the opportunity to speak to their groups. Also enclose informational material with this letter. It is best to do such a mailing in the late summer, as most groups schedule their programs for the coming year at this time.

- 3) Follow-up, when possible, with telephone calls to the president within two weeks.

Another way of soliciting speaking engagements is to write an article describing what you would like to present and your desire to schedule presentations with groups. Many centralized organizations have newsletters that go to the presidents of the branch organizations and they will publish such articles in their newsletters (e.g., PTA councils, women's church organizations).

Also, some communities have a central Speaker's Bureau that is utilized by community groups when planning their programs for the coming year. Call your local county library office to find out if such a Speaker's Bureau exists.

The format for the presentation should be well planned and outlined. An outline of the presentation should be provided to the president of the group prior to the date of your presentation.

When you are planning a group presentation, it is not only important to provide a full description of the agency and its programs, but it is also good to inform the group of the ways the group could become involved in the program. Many people may not individually be able to participate as foster parents; but, as a group, they may be able to conduct a fund-raising event or provide volunteer work for a particular group home in the community.

METHODS OF RECRUITMENT

4. COMMUNITY PRESENTATIONS

Materials/Tools

Some key resources to aid in compiling a list of the groups which we have found effective in our area:

- 1) The phone book - yellow pages
- 2) Community Services Directory
- 3) University & Community College Catalogues
- 4) Local Chambers of Commerce- each community usually has a chamber of commerce listed in the phone book. They will provide listings of community agencies, community groups and associations.
- 5) Church Directories

JOB DESCRIPTION: CASE MANAGER

Responsibilities:

1. Serve as the primary source of information about a cluster.
2. Coordinate scheduling/placement activities.
3. Supervise core and ALA staff.
 - a. Recruit, hire, coordinate training.
 - b. Negotiate and draft performance contract.
 - c. Monitor performance.
4. Arrange for and convene monthly meetings of core and ALA staff.
5. Oversee client monitoring.